

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or **Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Use Block 1 for any change of address)

32642 7590 07/19/2006

**STOEL RIVES LLP - SLC**  
**201 SOUTH MAIN STREET**  
**ONE UTAH CENTER**  
**SALT LAKE CITY, UT 84111**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**John R. Thompson** (Depositor's name)  
*John R. Thompson* (Signature)  
**July 26, 2006** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/815,568	03/23/2001	Rick V. Murphree	9437.13	6499

**TITLE OF INVENTION: METHOD AND APPARATUS FOR CALIBRATION OVER TIME OF HISTOLOGICAL AND PHYSIOLOGICAL BIOMETRIC MARKERS FOR AUTHENTICATION**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUN, XIUQIN	2863	702-104000

07/27/2006 TBESHAH2 00000033 09815568

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 13501

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 03 FC:8001  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

700.00 OP  
 300.00 OP  
 15.00 OP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ensign Holdings, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Salt Lake City, Utah

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502375 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*John R. Thompson*

Date

July 26, 2006

Typed or printed name

John R. Thompson

Registration No.

40,842

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Best Available Copy



201 S. Main Street, Suite 1100  
Salt Lake City, Utah 84111  
phone 801.328.3131  
fax 801.578.6999  
www.stoel.com

Name:	Fax No.	Company/Firm	Phone No.
TO: XIUQIN SUN ART UNIT 2863	(571) 273-2885	USPTO	

Name:	Sender's Direct Dial:	Sender's Direct Email:
FROM: John R. Thompson	(801) 578-6994	jrthompson@stoel.com

Client: 36360	Matter: 1.15
---------------	--------------

DATE: July 26, 2006

No. of Pages (including this cover): 4

Originals Not Forwarded Unless Checked: ☐ First Class Mail ☐ Air Mail ☐ Hand DeliveryIn case of error call Jan Wilson at 801-715-6481.

*This facsimile may contain confidential information that is protected by the attorney-client or work product privilege. If the reader of this message is not the intended recipient or an employee responsible for delivering the facsimile, please do not distribute this facsimile, notify us immediately by telephone, and return this facsimile by mail. Thank you.*

**COMMENTS:**

Attached is a Transmittal of Payment of Issue Fee and accompanying documents for Serial No. 09/815,568 filed March 23, 2001, entitled METHOD AND APPARATUS FOR CALIBRATION OVER TIME OF HISTOLOGICAL AND PHYSIOLOGICAL BIOMETRIC MARKERS FOR AUTHENTICATION.

**Best Available Copy**

SaltLake-280604.1 0036360-00001

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) (37 C.F.R. 1.311)				Docket No. 36360/1.15	
Applicant(s): Murakami et al.					
Application No. 09/815,568	Filing Date March 23, 2001	Examiner Xiuqin Sun	Customer No. 32642	Group Art Unit 2863	Confirmation No. 6499

Invention:

**METHOD AND APPARATUS FOR CALIBRATION OVER TIME OF HISTOLOGICAL AND  
PHYSIOLOGICAL BIOMETRIC MARKERS FOR AUTHENTICATION**

Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 700.00      ☐ Design Fee: \_\_\_\_\_      ☐ Plant Fee: \_\_\_\_\_
- ☒ Publication Fee: \$ 300.00
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 502375 as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☒ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

*John R. Thompson*  
Signature

Dated: July 26, 2006

John R. Thompson  
Registration No. 43,548  
STOEL RIVES LLP  
One Utah Center  
201 South Main Street, Suite 1100  
Salt Lake City, UT 84111  
Phone: (801) 578-6994  
Facsimile: (801) 578-6999

cc: Client

**Certificate of Transmission by Facsimile**  
This certificate may only be used if paying  
by deposit account.

I certify that this document and authorization to charge account is being facsimile transmitted to the United States and Trademark Office (Fax _____) on _____ (Date)
_____ Signature
_____ Typed or Printed Name of Person Signing Certificate

**Certificate of Mailing by First Class Mail**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)
_____ Signature of Person Mailing Correspondence
_____ Typed or Printed Name of Person Mailing Correspondence

P35SMALL/REV06